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|--|---|------------------------|--------------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | Patent#: 7,119,062 |
| | | Filing Date | Issued: October 10, 2006 |
| | | First Named Inventor | Mark R. ALVIS |
| | | Art Unit | 1654 |
| | | Examiner Name | P. Duffy |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 437252001200 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form – 1 page <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Change of Status – 2 pages |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;">Remarks</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer Number: 25226) | | |
| Signature | /Kimberly A. Bolin/ | | |
| Printed name | Kimberly A. Bolin | | |
| Date | July 25, 2007 | Reg. No. | 44,546 |

| | | | | | | | | | | | | | | | |
|--|--------------------------|---|--|--------------------|--------------------|-------------|--------------------------|----------------------|---------------|---------------|----------|----------|------|---------------------|--------------|
| <p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | <p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>Patent#: 7,119,062</td> </tr> <tr> <td>Filing Date</td> <td>Issued: October 10, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Mark R. ALVIS</td> </tr> <tr> <td>Examiner Name</td> <td>P. Duffy</td> </tr> <tr> <td>Art Unit</td> <td>1654</td> </tr> <tr> <td>Attorney Docket No.</td> <td>437252001200</td> </tr> </table> | | Application Number | Patent#: 7,119,062 | Filing Date | Issued: October 10, 2006 | First Named Inventor | Mark R. ALVIS | Examiner Name | P. Duffy | Art Unit | 1654 | Attorney Docket No. | 437252001200 |
| Application Number | Patent#: 7,119,062 | | | | | | | | | | | | | | |
| Filing Date | Issued: October 10, 2006 | | | | | | | | | | | | | | |
| First Named Inventor | Mark R. ALVIS | | | | | | | | | | | | | | |
| Examiner Name | P. Duffy | | | | | | | | | | | | | | |
| Art Unit | 1654 | | | | | | | | | | | | | | |
| Attorney Docket No. | 437252001200 | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 700.00 | | | | | | | | | | | | | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|---------------------|---|-----------------|---------------------------------|--------------------------------------|---------------------------------|---------------------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |
| 2. EXCESS CLAIM FEES | | | | | | | <u>Small Entity</u> |
| <u>Fee Description</u> | | | | | | | <u>Fee (\$)</u> <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 100 |
| Multiple dependent claims | | | | | | | 360 180 |
| <u>Total Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | |
| _____ - = _____ | | x _____ | = _____ | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| <u>Indep. Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - = _____ | | x _____ | = _____ | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ | | | | |
| 4. OTHER FEE(S) | | | | | | | <u>Fees Paid (\$)</u> |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): _____ Payment of Deficiency Owed | | | | | | | 700.00 |

| | | | |
|---------------------|---------------------|--------------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | /Kimberly A. Bolin/ | Registration No. (Attorney/Agent) | 44,546 |
| Name (Print/Type) | Kimberly A. Bolin | Telephone | (650) 813-5740 |
| | | Date | July 25, 2007 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent of:
Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issued: October 10, 2006

Art Unit: 1654

For: METHODS AND COMPOSITIONS FOR
IMPROVED ARTICULAR SURGERY USING
COLLAGEN

Examiner: A. Mohamed

CONFIRMATION OF NOTICE OF CHANGE OF STATUS
UNDER 37 C.F.R. §1.28(C)

MS Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

A good faith error appears to have been made regarding the above-referenced patent and the Issue Fee payment appears to have been paid at the small entity amount in error, which should have been large entity status. As required under 37 C.F.R. §1.28(c), Applicants include in this submission an itemization of deficiencies owed from the previous erroneous payment and include the calculated deficiency payment.

Small entity fees were paid in the payment of the Issue Fee on August 14, 2006, although the Issue Fee transmittal clearly indicated the change in entity status from small entity to large entity. Applicants are enclosing the amount of \$ 700.00 to provide the difference between the amount to be paid as a large versus small entity. Pursuant to 37 C.F.R. §1.28(c), this fee (representing the deficiency) is based on the amount of the fee in effect at the time the deficiency is paid in full.

As required under 37 C.F.R. §1.28(c)(2), to correct this oversight and in order for the error in payments to be excused we hereby submit an itemization of all erroneous small entity payments and the differential fees, together with the deficiency payment and hereby request that the Office **confirm** the change in the status of this patent to LARGE ENTITY. The Applicants note that as of July 9, 2007, a review of the maintenance fee payment window on the PAIRS database for the above-referenced patent indicated entity status as LARGE ENTITY.

Itemization of all erroneous small entity payments and the differential fees:

| TYPE OF FEE | DATE PAID | SMALL ENTITY FEE PAID | CURRENT FEE AMOUNT | LARGE ENTITY DIFFERENTIAL FEE |
|-----------------------------|-----------------|---|--|---|
| Payment of the Issue Fee | August 14, 2006 | \$ 700.00 | \$ 1,400.00 | \$ 700.00 |
| TOTALS | | \$ 700.00 (Total Fees Previously Paid) | \$ 1,400.00 (Current Fee Amount) | \$ 700.00 (Corrected Fee Amount to be charged to Deposit Account No. 03-1952) |

Based upon the above, Applicant believes the differential between the small entity fees previously paid and the large entity fees now owing should total \$ 700.00. Applicant requests this *differential fee* be paid from our **Deposit Account No. 03-1952** referencing docket no. 437252001200. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: July 25, 2007

Respectfully submitted,

Electronic signature: /Kimberly A. Bolin/

Kimberly A. Bolin

Registration No.: 44,546

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